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	JOHN S. PRATT, ESQ ELEANOR MUSICK, ESQ KILPATRICK STOCKTON, LLP PROCOPIO, CORY 1100 PEACHTREE STREET 530 B STREET 530 B STREET 530 B STREET 5471 AVITA CA 19789 SUITE 2100				I hereby certify that States Postal Service	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
/2005	5 SHINASS2 00000121 502075 10687145 DIEGO, CA 92			92101	Eleanor N	1. Musick	(Depositor's name)	
:2501					THE	IN Millsick	(Signature)	
:1504		700.00 QP 300.00 QP			June 24,	2005 /	(Date)	
:8001	APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
TI	10/087,145 03/01/2002 TITLE OF INVENTION: SPECTRAL KERNELS FOR		Nello Cri LEARNING MACHINES		ristianini	02331-0171 (42286-267668)	4408	
_	A DDI N. TVDE	SMALL ENTITY	ISSUE FI	FE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
L	APPLN, TYPE	YES	\$700		\$300	\$1000	06/27/2005	
	nonprovisional				CLASS-SUBCL ASS	٦		
L	EXAMINER		ART UNIT		706-012000	٦		
	HIRL, JOSEPH P Change of correspondence address or indication of "Fo		2129		nting on the patent front page,	En Drocor	oio Cory Hargre	
	Change of correspondence address (or Change of Correspond Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3.	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY a							
	Health Discovery Corporation Savannah, GA							
	Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
	4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed:					enclosed.		
	am 15011c-1 cc				• • •	by credit card. Form PTO-2038 is attached.		
	Advance Order - # of Copies 6 The Director is hereby authorized by charge Deposit Account Number 50-2075					charge the required fee(s), or	credit any overpayment, to	
	5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.} \] \[\begin{align*} \text{ b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).} \]							
Th NC int	The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
	Authorized Signature	Clena a	Jusick		Date J	une &4 , 2005		
	Typed or printed name	Eleanor M. Mu	sick			n No. 35,623		
Thi	is collection of information	n is required by 37 CFR 1.3	1. The information	n is required	to obtain or retain a benefit by lection is estimated to take 12	the public which is to file (ar minutes to complete, includi- comments on the amount of to d Trademark Office, U.S. Dep S. SEND TO: Commissioner	nd by the USPTO to process) ng gathering, preparing, and	